



GUSTAVUS ADOLPHUS COLLEGE  
 DEPARTMENT OF MUSIC  
 800 West College Avenue  
 St. Peter, Minnesota 56082

## Blank Semester Schedule

Name: \_\_\_\_\_ Year in Residence: \_\_\_\_\_ Semester, Year: \_\_\_\_\_

Instrument/Voice: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Campus PO Box No.: \_\_\_\_\_ Residence Hall, Room No.: \_\_\_\_\_

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:00 AM					
7:30					
8:00					
8:30					
9:00					
9:30					
10:00	<i>Chapel</i>	<i>Chapel</i>	<i>Chapel</i>	<i>Chapel</i>	<i>Chapel</i>
10:30					
11:00					
11:30					
12:00 PM					
12:30					
1:00					
1:30					
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